



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

RESIDENTIALLY BASED SERVICES (RBS) LETTER NO. 01-14

TO: ALL SELECTED COUNTY WELFARE DIRECTORS
ALL SELECTED COUNTY FISCAL OFFICERS
ALL SELECTED COUNTY CHILD WELFARE SERVICES
PROGRAM MANAGERS
ALL SELECTED RBS PROVIDERS

SUBJECT: RBS CLAIM REVISIONS FOR OVERPAYMENTS
AND FUNERAL COSTS

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 13/14-30, DATED
NOVEMBER 20, 2013; CFL NO. 10/11-66, DATED
APRIL 22, 2011; ALL COUNTY LETTER (ACL) NO. 09-64,
DATED DECEMBER 17, 2009; RBS LETTER NO. 02-12,
DATED MARCH 1, 2012; ASSEMBLY BILL (AB) 12
(CHAPTER 559, STATUTES OF 2010); SENATE BILL
(SB) 1013 (CHAPTER 35, STATUTES OF 2012); PUBLIC
LAW (PL) 110-351; PL 107-300; MANUAL OF POLICIES AND
PROCEDURES (MPP) DIVISION REGULATIONS SECTIONS
11-420.2, 45-304, AND 45-305; WELFARE AND
INSTITUTIONS CODE (W&IC) 11460, 11212,
AND 11466.23(d)(1)

This letter provides updated reporting and claiming instructions for the RBS assistance claims as a result of the implementation of SB 1013 which changed the county share of the Aid to Families with Dependent Children - Foster Care (AFDC-FC) and Extended Foster Care (EFC) overpayment collections to conform with 2011 Realignment. The RBS claims will now include an overpayments claim for the period beginning July 1, 2012 (mirroring the CA 800, as instructed in CFL NO. 13/14-30) and a line for funeral costs on the RBS quarterly assistance claim form.

Background

Effective July 1, 2012, the overpayment timeframes and responsibilities changed for the federal AFDC-FC program and the federal EFC program. The California Department of

Social Services (CDSS) has developed revised claims, as well as a one-time claim, to capture these overpayments. Prior to July 1, 2012, the state and county shared the responsibility to repay the federal share of costs for overpayments. Because there is no longer a state share of cost under 2011 Realignment due to the implementation of SB 1013, beginning July 1, 2012, the counties are required to repay the entire federal share for overpayments upon completion of due process for the federal AFDC-FC and EFC programs. A one-time claim for federal AFDC-FC and EFC is required to capture costs from July 1, 2012 through June 30, 2014. (September 2012 through June 2014 quarterly claims.) Additionally, revised claims included with this letter should be used beginning with the September 2014 claiming quarter and forward.

It was also determined by CDSS that foster parents caring for children in the RBS program can be reimbursed for funeral and burial plot expenses up to \$5,000 per burial for a child who was receiving foster care benefits at the time of death. A new line has been added to the federal RBS claim form to allow for the reporting of these costs.

Federal Reporting

The federal share of overpayments collected may be cash, check or any form of a benefit reduction and should be remitted as outlined below. As previously instructed in ACL No. 09-64 and CFL No. 10/11-66, counties will continue to report all uncollectible and uncollected federal AFDC-FC and EFC overpayments following the completion of due process. The definitions for "uncollectible" and "uncollected" may be found in W&IC section 11466.23 through 11466.24, and MPP sections 45-304 and 45-305.

Claiming Instructions

As a result of the enactment of SB 1013, overpayments are now required to be identified between two time periods. County responsibility to collect and repay an overpayment shall be reported based on when the overpayment was identified and due process was completed in relationship to SB 1013.

For Overpayments Identified Prior to July 1, 2012

1. Consistent with past practice, counties are required to repay the federal share (consistent with bullet two below) of any overpayment following the completion of due process unless any of the following exceptions apply:
 - a. The amount is legally uncollectible, including any amount legally uncollectible pursuant to W&IC section 11466.24.
 - b. The cost of collection exceeds the overpayment.
 - c. The overpaid provider is a foster family agency or group home that is no longer in business or licensed by the Department.

2. Remittance of an overpayment of federal AFDC-FC and EFC funds shall be shared by the state and the counties based on the following sharing ratios:
 - a. For federal AFDC-FC funds, the sharing ratios described in W&IC section 15200(c).
 - b. For federal EFC funds, the sharing ratios described in W&IC section 15200(c).
3. Prior to July 1, 2012, per W&IC section 11466.23(d)(2), upon actual collection of overpayments from providers or recipients, the county has a duty to repay both the federal and state share of costs, and shall ensure that the total amount reimbursed to the state reflects the federal and state share of the overpayment costs. All overpayments of federal AFDC-FC and EFC funds as noted in number one above shall be repaid entirely with state funds.

For Overpayments Identified Beginning July 1, 2012

1. Beginning July 1, 2012, per W&IC section 11466.23(d)(1) the county is required to pay the entire federal share of the overpayment amount following the completion of due process. The county shall pay the entire share of the cost for overpayments in the federal AFDC-FC and EFC programs.
2. After remitting the federal share, the county shall retain any funds collected from overpaid providers or recipients.
3. Beginning July 1, 2012, per W&IC section 11466.23(d)(1), the county is responsible to repay the entire federal share of all uncollectible overpayments. There are no longer any exceptions to the county's obligation to pay the federal share of overpayments.

One-Time Identified Overpayment Claim for the period of July 1, 2012 to June 30, 2014

Due to changes in statute and the delay of the release of this letter, a one-time claim is required to recoup the state share of the federal portion of overpayments collected which the state previously paid between July 1, 2012 and June 30, 2014, based on what was previously reported. ***The due date for this one-time adjustment claim is Friday, September 19, 2014.***

Funeral Costs

The RBS Foster Care and EFC federal claims have been revised to include Line 13 for funeral costs effective with the September 2014 quarter.

Claims and Instructions

Included in this letter are claims and instructions for overpayments and one-time costs. These claims should be used effective with the September 2014 quarter.

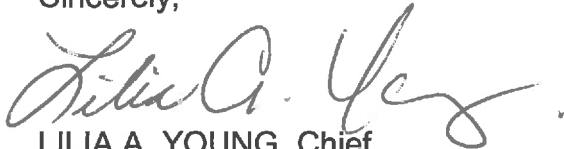
- Attachment 1A: INSTRUCTIONS FOR THE SUMMARY REPORT OF OVERPAYMENTS **PRIOR TO 07/01/12** RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) ASSISTANCE FEDERAL SHARE ONLY (RBS OVERPAYMENTS FED [06/14])
- Attachment 1B: SUMMARY REPORT OF OVERPAYMENTS **PRIOR TO 07/01/12** RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) ASSISTANCE FEDERAL SHARE ONLY (RBS FC/EFC OVERPAYMENTS FED [06/14])
- Attachment 2A: INSTRUCTIONS FOR THE SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS) OVERPAYMENTS FEDERAL **BEGINNING 07/01/12** FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) (RBS OP BEGINNING 070112 FED [06/14])
- Attachment 2B: SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS) OVERPAYMENTS FEDERAL **BEGINNING 07/01/12** FOSTER CARE (FC)/ EXTENDED FOSTER CARE (EFC) ASSISTANCE (RBS FC/EFC OP BEGINNING 070112 FED [06/14])
- Attachment 3A: INSTRUCTIONS FOR THE ONE-TIME SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS) IDENTIFIED OVERPAYMENTS CLAIMED FOR THE PERIOD 07/01/12-06/30/14 FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) – FEDERAL (RBS ONE-TIME OP FED [06/14])
- Attachment 3B: ONE-TIME SUMMARY REPORT FOR RESIDENTIALLY BASED SERVICES (RBS) IDENTIFIED OVERPAYMENTS CLAIMED FOR THE PERIOD 07/01/12-06/30/14 FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) – FEDERAL (RBS ONE-TIME SUMMARY OP FED [06/14])
- Attachment 4A: INSTRUCTIONS FOR THE SUMMARY REPORT OF ASSISTANCE EXPENDITURES QUARTERLY CLAIM RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) FEDERAL (RBS FC/EFC FED [06/14])
- Attachment 4B: SUMMARY REPORT OF ASSISTANCE EXPENDITURES QUARTERLY CLAIM RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) FEDERAL (RBS FC/EFC FED [06/14])

RBS Letter No. 01-14
Page Five

These forms and instructions will be posted on CDSS' website at
<http://www.cdsscounties.ca.gov/AAC/aac.htm>

Questions regarding this CFL should be directed to Assistance.Claims@dss.ca.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Lilia A. Young", with a stylized flourish at the end.

LILIA A. YOUNG, Chief
Fiscal Forecasting and Policy Branch

Attachments

**INSTRUCTIONS FOR
SUMMARY REPORT OF OVERPAYMENTS PRIOR TO 07/01/12
RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE (FC)/
EXTENDED FOSTER CARE (EFC) ASSISTANCE FEDERAL SHARE ONLY**

GENERAL INFORMATION

1. Enter county name and quarter ending sections on the overpayments tab.
2. Enter claim contact and telephone number sections of the county staff person to be contacted if there are any questions regarding the RBS claim.
3. This form is pre-programmed to not allow cents, only dollar values.

OVERPAYMENTS:

4. Federal Share of Overpayments COLLECTED & adjustments made on RBS FC & EFC FED in Current Claiming Quarter (Already Paid to Federal Government)

Line 1: Enter the Federal Share of Overpayments COLLECTED that was reported as an adjustment on the RBS FC & EFC FED, in the current claiming quarter.

5. Federal Share of Uncollected Newly Identified Overpayments in Current Claiming Quarter (Due to Federal Government)

Line 2: Enter the Federal Share of Uncollected Identified Overpayments that completed due process in the current claiming quarter.

6. Federal Share of Uncollectible Overpayments in Current Claiming Quarter (Due to Federal Government)

Line 3: Enter the Federal Share of Uncollectible Overpayments in the current quarter and under the correct aid code. Any collections for an uncollectible amount must be reported on the RBS FC Claim, RBS FC FED form, as a recovery of aid in order to return these funds back to the state.

7. Summary by Funding

Lines 4 through 6 will automatically calculate federal, state and county at the appropriate rates.

8. Total Overpayments

Line 7: Total share of overpayments for federal, state and county.

SUMMARY REPORT OF OVERPAYMENTS PRIOR TO 07/01/12
RESIDENTIALLY BASED SERVICES (RBS)
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) ASSISTANCE
FEDERAL SHARE ONLY

County	Quarter Ending
Claim Contact	Telephone

		FOSTER CARE (FC)				EXTENDED FOSTER CARE (EFC)
Aid Code		42				49
OVERPAYMENTS W&IC 11466.23		Identified Overpayments that completed due process for September 2010 - December 2010 quarter paid at the 56.2% FMAP Rate	Identified Overpayments that completed due process for January 2011 - March 2011 quarter paid at the 53.2% FMAP Rate	Identified Overpayments that completed due process for April 2011 - June 2011 quarter paid at the 51.2% FMAP Rate	Identified Overpayments that completed due process beginning July 2011 and paid at the 50.0% FMAP Rate	Identified Overpayment that completed due process between January 2012 - June 2012 and paid at 50% FMAP Rate
1	Federal Share of Overpayments COLLECTED & adjustments made on RBS FC & EFC FED in Current Claiming Quarter (Already Paid to Federal Government)					
2	Federal Share of Uncollected Newly Identified Overpayments in Current Claiming Quarter (Due to Federal Government)					
3	Federal Share of Uncollectible Overpayments in Current Claiming Quarter (Due to Federal Government)					

Summary by Funding					
		Federal	County 2011 Responsibility	County Responsibility	Total
4	Overpayments Collected (Completion of Due Process) FC / EFC (40/60)	-	-	-	-
5	Overpayments Identified (Completion of Due Process Beginning) FC / EFC (40/60)	-	-	-	-
6	Uncollectible Overpayments FC / EFC (100/0)	-	-		-
7	Total Overpayments	-	-	-	-

Updated 06/27/14

**INSTRUCTIONS FOR
SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS)
OVERPAYMENTS FEDERAL BEGINNING 07/01/12
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) ASSISTANCE**

GENERAL INFORMATION

1. Enter county name and quarter ending sections in the space provided.
2. Enter name and telephone number of the county staff person to be contacted if there are any questions regarding the RBS claim.
3. This form is pre-programmed to not allow cents, only dollar values.

OVERPAYMENTS:

4. Federal Share of Overpayments COLLECTED & adjustments made on RBS FC & EFC FED, Beginning 07/01/12, in Current Claiming Quarter and Completed Due Process (Already Paid to Federal Government)

Line 1: Enter the Federal Share of Overpayments COLLECTED that was reported as an adjustment on the RBS FC & EFC FED, beginning 07/01/12 in the current claiming quarter. Enter only the collected overpayments that were previously reported as uncollected newly identified overpayments.

5. Federal Share of Uncollected Newly Identified Overpayments Beginning 07/01/12, in Current Claiming Quarter (Due to Federal Government)

Line 2: Enter the Federal Share of Uncollected Newly Identified Overpayments that completed due process, beginning 07/01/12 in the current claiming quarter, under the appropriate Federal Medical Assistance Percentages rate.

6. Federal Share of Uncollectible Overpayments Identified Beginning 07/01/12

Note: Uncollected overpayments identified beginning 07/01/12 which have been deemed uncollectible are not required to be entered on the overpayments claim, as the responsibility is 100 percent county funded, per Welfare and Institutions Code section 11466.23.

7. Summary by Funding

Line 3 and 4 will automatically calculate federal and county at the appropriate rates.

8. Total Overpayments

Line 5: Total share of overpayment for federal and county will automatically calculate.

**SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS)
OVERPAYMENTS-FEDERAL BEGINNING 07/01/12
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) ASSISTANCE**

County	Quarter Ending
Claim Contact	Telephone

		FOSTER CARE (FC)				EXTENDED FOSTER CARE (EFC)
Aid Code		42				49
OVERPAYMENTS W&IC 11466.23		Identified Overpayments that completed due process paid at the 56.2% FMAP Rate	Identified Overpayments that completed due process paid at the 53.2% FMAP Rate	Identified Overpayments that completed due process paid at the 51.2% FMAP Rate	Identified Overpayments that completed due process paid at 50.0% FMAP Rate	Identified Overpayment that completed due process paid at 50.0% FMAP Rate
1	Federal Share of Overpayments COLLECTED & adjustments made on RBS FC & EFC FED, Beginning 07/01/12, in Current Claiming Quarter and Completed Due Process (Already Paid to Federal Government)					
2	Federal Share of Uncollected Newly Identified Overpayments Beginning 07/01/12, in Current Claiming Quarter (Due to Federal Government)					

Summary by Funding					
		Federal	County 2011 Responsibility	County Responsibility	Total
3	Overpayments Collected (Completion of Due Process)	-		-	-
4	Overpayments Identified (Completion of Due Process)	-		-	-
5	Total Overpayments	-		-	-

Updated 06/27/14

**INSTRUCTIONS FOR
ONE-TIME SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS)
IDENTIFIED OVERPAYMENTS CLAIMED FOR THE PERIOD 07/01/12-06/30/14
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) - FEDERAL**

GENERAL INFORMATION

1. Enter county name, month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to not allow cents, only dollar values.

OVERPAYMENTS:

4. Federal Share of Overpayments COLLECTED & Reported on RBS FED
(Already Paid to Federal Government)

Line 1: Enter the federal share of overpayments COLLECTED that was reported as an adjustment on RBS FC/EFC FED. Enter the overpayments under the appropriate time period when due process was completed. Enter only the collected overpayments that were previously reported as uncollected identified overpayments and under the correct aid code.

5. Federal Share of Uncollected Newly Identified Overpayments
(Due to Federal Government)

Line 2: Enter the federal share of Uncollected Newly Identified Overpayments that completed due process under the appropriate time period when due process was completed and under the correct aid code.

6. Summary by Funding

Lines 3 and 4 will automatically calculate federal, state and county at the appropriate rates.

7. Total Overpayments

Line 5: Total share of overpayment for federal, state and county will automatically calculate.

**ONE-TIME SUMMARY REPORT FOR RESIDENTIALLY BASED SERVICES (RBS)
IDENTIFIED OVERPAYMENTS CLAIMED FOR THE PERIOD 07/01/12-06/30/14
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) - FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

		FC		EFC	
Aid Code		42		49	
OVERPAYMENTS W&IC 11466.23		Identified Overpayments that completed due process between 07/01/09 and 06/30/12	Identified Overpayments that completed due process beginning 07/01/12	Identified Overpayments that completed due process between 07/01/09 and 06/30/12	Identified Overpayments that completed due process beginning 07/01/12
1	Federal Share of Overpayments COLLECTED & Reported on RBS FED (Already Paid to Federal Government)				
2	Federal Share of Uncollected Newly Identified Overpayments (Due to Federal Government)				

Summary by Funding		FC				EFC			
		Federal	State Responsibility	County Responsibility	Total	Federal	State Responsibility	County Responsibility	Total
3	Overpayments Collected (Completion of Due Process)	-	-	-	0.00	-	-	-	0.00
4	Overpayments Identified (Completion of Due Process)	-	-	-	0.00	-	-	-	0.00
5	Total Overpayments	-	-	-	0.00	-	-	-	0.00

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
--------------------------------------	------

COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
-----------------------------	------

Updated 06/27/14

**INSTRUCTIONS FOR
SUMMARY REPORT OF ASSISTANCE EXPENDITURES QUARTERLY CLAIM
RESIDENTIALLY BASED SERVICES (RBS)
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) FEDERAL**

General Information

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to not allow cents, only dollar values.

Current Quarter**For each current column:**

4. Lines 1 and 2: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current quarter adjustments should be entered on Line 2.
5. Line 3: Subtotal of Lines 1 and 2. This amount will calculate automatically.

Prior Quarter Negatives**For each current column:**

6. Lines 4 and 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 6: Subtotal of Lines 4 and 5. This amount will calculate automatically.

Prior Quarter Positives**Prior Period Adjustments column:**

8. Line 7: Enter the amounts shown on the separate listing for prior quarter positive adjustments which were or should have been claimed on a prior quarter Summary Report.

Claim Validation Adjustment

9. Line 8: Enter the person's count and adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Please refer to [All County Information Notice I-67-03](#) and [County Fiscal Letter No. 03/04-20](#) for detailed information.

Total

10. Line 9: Total Aid Payments, current and prior period quarters (Line 3+6+7+8). This amount will calculate automatically. The persons count on this line should equal the total of Line D65 on the RBS Fis Track Fed Month 1-3 tabs; the total payment amount should equal Line T68 on the RBS Fis Track Month 1-3 tabs.
11. Line 10: Amount NOT reimbursable from Federal Medical Assistance Percentages Rate from PPA – ARRA Report Aid Code 42 tab line D5a.
12. Line 11: TOTAL – amount reimbursable with Federal Funds (Line 9 and 10). Total is linked to the American Recovery Reinvestment Act (ARRA) Foster Care (FC) PPA – ARRA Report Aid Code 42 tab Line 1. The PPA - ARRA Report Aid Code 42 tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

Supplemental Clothing Allowance (SCA)

13. Line 12: Enter the SCA expenditures from the county payroll records or other automated payroll systems. **REMINDER:** SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

Funeral Costs

14. Line 13: Enter funeral costs for foster care children in accordance with Manual of Policies and Procedures ([MPP](#)) [section 11-420.2](#) (see also [MPP](#) [section 25-753](#)). Required detailed support: Aid payroll, contra roll or equivalent form.

Educational Travel Reimbursement (ETR)

15. Line 14: To be used for claiming ETR consistent with ACLs [11-51](#) and [12-70](#). Children with exceptional needs, please refer to [Education Code section 56040](#), Chapter 34 Code of Federal regulations ([CFR](#)) [300.24](#) and [34 CFR 300](#). Funding is 50 percent federal, 20 percent county 2011 and 30 percent county. **REMINDER:** ETR expenditures must be excluded from the main payroll amount which is entered on Line 1.

Totals

16. Line 18: Grand total of aid payments, SCA, Funeral Costs and ETR (Lines 9+12+13+14).

17. Line 18: Enter persons count for each program.

Summary of Aid Payments, SCA, Funeral Costs and Educational Travel Reimbursement by Program and by Funding

18. Lines 19-30 will calculate automatically at the appropriate rates.

ATTACHMENT 4B

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - QUARTERLY CLAIM
RESIDENTIALLY BASED SERVICES (RBS)
FOSTER CARE (FC)/EXTENDED FOSTER CARE (EFC) FEDERAL

County	Quarter Ending
Claim Contact	Telephone

Aid Code	FC 42			EFC FED 49		EA-FC	
	Persons Count	Current	Prior Period Adjustments	Persons Count	Current	Persons Count	5K
1 Main Payroll - RBS (AUTO FILL)					-		
2 Current Quarter Adjustment - RBS							
3 Subtotal (Lines 1 -2)	-			-		-	
4 Recoveries of Aid (AUTO FILL FROM PPA AID CODE 42 TAB ONLY) Manual Entry for Current Aid Code 42, 49 and 5K							
5 Prior Quarter Negative Adjustment (AUTO FILL FROM PPA AID CODE 42 TAB ONLY) Manual Entry for Current Aid Code 42, 49 and 5K							
6 Subtotals (Lines 4 - 5)	-			-		-	
7 Prior Quarter Positive Adjustment (AUTO FILL FROM PPA AID CODE 42 TAB ONLY) Manual Entry for Current Aid Code 42, 49 and 5K							
8 Claim Validation Adjustment							
9 TOTAL PAYROLL, CURRENT + PRIOR QUARTER (Lines 3+6+7+8)	-			-		-	
10 Amount NOT Reimbursable at Fed FMAP Rate [Fiscal Tracking cell AE73] Note: Amounts associatedwith Prior Period Adjustments is determined on PPA-ARRA tab.							
11 TOTAL - Line 9 - Line 10 (Note Prior Period Adjustments total transferred to PPA - ARRA tab for payment)							
12 Clothing Allowance							
13 Funeral Cost							
14 Educational Travel Reimbursement							
15 FFA Administrative Costs for 50% FFP Shown as non-add, Fiscal Tracking in AJ7, Line 14. Auto Fill							
16 FFA Administrative Costs not eligible for FFP. Shown as non-add, Fiscal Tracking in AL7, Line 14. Auto Fill							
17 County Share Only (100% County Funds) Shown as non-add, removed in county Auto Fill							
18 TOTAL ALL PAYMENTS (Lines 9+12)	-			-		-	

Summary by Funding - Aid Codes 42, 49 and 5K	Federal	Federal (ARRA)	State	State (ARRA)	County 2011	County/Co. ARRA	Total
19 Foster Care FMAP Rate (50/0.0/0.0/0.0/20/30)	-				-	-	-
20 Extended Foster Care FMAP Rate (50/0.0/0.0/0.0/20/30)	-				-	-	-
21 Fed Adm Costs Line 13 (50/0/0/0/20/30/0)	-				-	-	-
22 Non Fed. Admin Costs Line 14 (0/0/0/0/40/60)					-	-	-
23 Supplemental Clothing Allowance (50/0/0/0/50/0)	-	-		-	-	-	-
24 Funeral Cost (0/0/100/0/0/0)			-				-
25 Educational Travel Reimbursement (50/0/0/0/20/30)	-						
26 Federal Emergency Assistance Aid Code 5K (70/0/0/0/30)	-					-	-
27 RBS County Costs (0/0/0/0/100/)						-	-
28 Total Payments	-	-	-	-	-	-	-

Summary by Funding - Prior Period Adjustments	Federal	Federal (ARRA)	State	State (ARRA)	County 2011	County/Co. ARRA	Total
29 Amounts transferred from PPA - ARRA Report Aid Code 42, Summary By Funding	-	-		-	-	-	-
30 Total Prior Period Adjustments	-	-	-	-	-	-	-

check total